STATE OF SOUTH DAKOTA

STATE OF SOUTH DAKOTA DEC 1 9 2019 Statement of Legal Newspaper Ownership and Circulation OF STATE

1. TITLE OF NEWSPAPER CAMBORN 11 100 12 14 TI	Turnal.	2. DATE 9-24-19
3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLIS	HED ANNUALLY 3B. AN	NNUAL SUBSCRIPTION
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF	PRICE	s 43.67
(Not printers) P.O. Box 218, Woonsoc 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTE	het, SD 57385	
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTE	ERS OR GENERAL BUSINES	S OFFICES OF THE
6. FULL NAME OF PUBLISHER: Carrie Ann	socket 50 57385	
6. FULL NAME OF PUBLISHER: Parrie Ann +	toward	
7. OWNER (If owned by a corporation, its name and address must addresses of stockholders owning or holding 1 percent or more names and addresses of the individual owners must be given. It and address, as well as that of each individual must be given. FULL NAME Woonsocket Webers, LLC Rad and Tara Weber 8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER	of total amount of stock. If not fowned by a partnership or other COMPLETE MA	owned by a corporation, the er unincorporated firm, its name AILING ADDRESS
PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, N state. If more space is needed, list on back of this form.	ORTGAGES OR OTHER SEC	CURITIES (If there are none, so
n	ne	
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	825	825
 B.PAID AND/OR REQUESTED CIRCULATION Sales through dealers and carriers, street vendors, and counter sales. 	75	70
Mail Subscription (Paid and or requested)	602	612
3. Paid Electronic Copies	_	_
C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	617	682
D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	30	30
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	5	5
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	712	717
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	113	108
2. Return from News Agents	200	
G.TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)	825	825
Statement must be signed by Publisher, Business Mana I swear that the statements made by me are true, of (Signature)	ger, or Owner in the prese correct, and complete:	(Title)
State of South Dakota) §	Sworn to before me this 24 day of Sept. , 2019	
County of Sanborn) Notary Public		ary Public
(Soal)	My commission expires: 7/1/20	